



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 13-00026-281

**Community Based Outpatient
Clinic Reviews
at
Louis A. Johnson VA Medical Center
Clarksburg, WV**

August 15, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
JC	Joint Commission
MH	mental health
NC	Noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the Gassaway-Braxton County CBOC during the week of March 18, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOC listed in Table 1.

VISN	Facility	CBOC Name	Location
4	Louis A. Johnson VAMC	Gassaway-Braxton County	Sutton, WV
Table 1. Site Inspected			

Review Results: We made recommendations in two review areas.

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

- Ensure that clinicians screen patients for tetanus vaccinations.
- Ensure that biohazardous waste containers are available in the CBOC.
- Ensure that written, current inventories of hazardous materials are maintained at the CBOC.

Comments

The VISN and Facility Directors concurred with our recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 10–12, for the

Directors' comments.) We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to Centers for Disease Control and Prevention guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.³

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. One CBOC was randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.⁴

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

³ Includes all CBOCs in operation before October 1, 2011.

⁴ Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facilities' oversight.⁵ The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques, FY 2012 ⁷	Visits, FY 2012 ⁷	CBOC Size ⁸
4	Louis A. Johnson VAMC	Gassaway-Braxton County (Sutton, WV)	Rural	1,488	7,039	Small
		Monongalia (Westover, WV)	Rural	2,273	11,262	Mid-Size
		Tucker County Veterans Center (Parsons, WV)	Rural	1,141	4,287	Small
		Wood County Veterans Center (Parkersburg, WV)	Urban	3,433	16,374	Mid-Size

Table 2. Profiles

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.⁹ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹⁰ The first step of care is screening women for cervical cancer with the Papanicolaou test or “Pap” test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.¹¹ We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient’s EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
Table 3. WH	

There were 28 patients who received a cervical cancer screening at the Louis A. Johnson VAMC and its CBOCs.

Generally, the CBOCs assigned to the Louis A. Johnson VAMC were compliant with the review areas; therefore, we made no recommendations.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.¹² The NCP provides best practices guidance on the administration of vaccines for veterans. The Centers for Disease Control and Prevention states that although

⁹ World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

¹⁰ U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

¹¹ VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

¹² VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review element marked as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
X	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
	Staff administered the pneumococcal vaccine when indicated.
	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Tetanus Vaccination Screening. Through clinical reminders, VHA requires that CBOC clinicians screen patients for tetanus vaccinations.¹³ We reviewed 75 patients' EHRs and did not find documentation of tetanus vaccination screening in 70 of the EHRs.

Recommendation

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

¹³ VHA Handbook 1120.05.

Onsite Reviews Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Gassaway-Braxton County
VISN	4
Parent Facility	Louis A. Johnson VAMC
Types of Providers	Physician Assistant Primary Care Physician
Number of MH Uniques, FY 2012	14
Number of MH Visits, FY 2012	32
MH Services Onsite	Yes
Specialty Care Services Onsite	WH
Ancillary Services Provided Onsite	Laboratory
Tele-Health Services	MH
Table 5. Characteristics	

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁴ Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

¹⁴ VHA Handbook 1100.19.

The CBOC was compliant with the review areas; therefore, we made no recommendations.

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The areas identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was American Disability Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
X	There was a written current inventory of hazardous materials.
X	Equipment and supplies were properly stored to minimize infection.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.

NC	Areas Reviewed (continued)
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles)
	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

Infection Control. The JC requires that organization minimizes the risk of infection when storing and disposing of infectious waste.¹⁵ We found no process in place to dispose of biohazardous waste.

Environmental Safety. The JC requires a written, current inventory of hazardous materials that are used, stored, or generated.¹⁶ We observed that material safety data sheets were available for all possible hazardous materials; however, we did not find a written, current inventory of the hazardous materials that are used or stored at the CBOC.

Recommendations

2. We recommended that biohazardous waste containers are available in the CBOC.
3. We recommended that managers maintain a written, current inventory of hazardous materials at the CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁷ Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local mental health emergency management plan for this CBOC.
	The staff articulated the procedural steps of the mental health emergency plan.
Table 8. Emergency Management	

The CBOC was compliant with the review areas; therefore, we made no recommendations.

¹⁵ The JC Hospital Accreditation Program Manual 2012 Addition, Standard IC 02.01.01.

¹⁶ The JC Hospital Accreditation Program Manual 2009 Addition, Standard EC 02.02.01.

¹⁷ VHA Handbook 1006.1.

VISN 4 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: July 30, 2013

From: Director, VISN 4 (10N4)

Subject: **CBOC Reviews at Louis A. Johnson VAMC, Clarksburg, WV**

To: Director, 54DC Healthcare Inspections Division (54DC)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

I have reviewed the information provided by the Louis A. Johnson VA Medical Center and I am submitting it to your office as requested. I concur with all responses and target dates.

If you have any questions or require additional information, please contact Barbara Forsha, VISN 4 Quality Management Officer at 412-822-3290.

//original signed by Carla Sivek for://

Michael E. Moreland, FACHE

Louis A. Johnson VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: July 29, 2013
From: Director, Louis A. Johnson VAMC (540/00)
Subject: **CBOC Reviews at Louis A. Johnson VAMC, Clarksburg, WV**
To: Director, VISN 4 (10N4)

- A. I have reviewed report titled "Community Outpatient Clinic Reviews at Louis Johnson VA Medical Center, Clarksburg, WV".
- B. Actions are underway to resolve each of the three findings outlined in this report. No barriers to timely resolution are anticipated.
- C. The courteous and professional manner that was displayed by the OIG during this review is appreciated.

//original signed by://

Beth M. Brown, MS, FACHE, VHA-CM

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that clinicians screen patients for tetanus vaccinations.

Concur. The Clarksburg Director concurs with this finding.

Target date for completion: September 3, 2013.

Actions Underway: 1) Clinical reminder for screening related to tetanus vaccination to be implemented at Braxton CBOC. 2) Medical Record Review of the use of this clinical reminder and vaccination administration to be accomplished monthly for three months and quarterly thereafter.

2. We recommended that biohazardous waste containers are available in the CBOC.

Concur. The Medical Center Director concurs with this finding.

Target date for completion: September 3, 2013.

Actions Underway: 1) Place appropriate biohazardous waste containers at the Braxton CBOC. 2) Check for the placement of these biohazardous containers at each EOC rounds at the CBOC. A line item designating this action is to be added to the EOC rounds document.

3. We recommended that managers maintain a written, current inventory of hazardous materials at the CBOC.

Concur: The Medical Center Director concurs with this finding.

Target date for completion: September 3, 2013.

Actions Underway: 1) Reconcile the electronic file listing of hazardous materials currently available at the Braxton CBOC with all hazardous materials currently in use at the Braxton CBOC. 2) Print a hard copy of the electronic file listing and post at the Braxton CBOC. 3) Add a line item designation to the EOC rounds document to check for the presence of this hard copy document during the Braxton CBOC rounds.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Myra Conway, MS, RN, Team Leader Margie Chapin, JD
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Matt Frazier, MPH Donna Giroux, RN, BSN Jennifer Reed, RN, MSHI Victor Rhee, MHS Natalie Sadow-Colón, MBA, Program Support Assistant Patrick Smith, M. Stat Randall Snow, JD Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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